



TRANSMITTAL FORM

Attorney Docket No.
JP920000188US1
2951P

2674

In re the application **Masahiko Hatori, et al.**

Confirmation No.: 2784

Serial No: **09/872,656**Group Art Unit: **2674**Filed: **Jun 1, 2001**Examiner: **Nguyen, Kimhung T.**For: **Computer System, Display Control Apparatus, Display Apparatus, Display Control Method, Recording Medium, and Program Transmission Apparatus**

ENCLOSURES (check all that apply)					
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>	Form 1449	<input checked="" type="checkbox"/>	5 sheets, Amended Drawings, Figs. 1-5	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below)
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	RECEIVED JAN 26 2004 Technology Center 2600	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for three month(s), from November 4, 2003 to February 4, 2004.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	21	21	0	\$18.00	\$ 0.00
Independent Claim1s	3	8	0	\$86.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input checked="" type="checkbox"/>	Check no. <u>6981</u> in the amount of \$ 950.00 is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (Account Holder Name)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30801
Signature	
Date	January 14, 2004

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: January 14, 2004	
Type or printed name	Grace Alicea
Signature	